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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillant dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted **in duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots.** Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'ortographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS Who
HONOURS? What
AWARDS? When
Where

PROMOTIONS? Who
MOVES? From
RESIGNATIONS? To
When

SEMINARS? What
WORKSHOPS? When
Where

PUBLICATIONS? What
BOOK REVIEWS? Where
Citation

ACQUISITIONS? What
GIFTS? Why
GRANTS? Amount
Donor

TRIPS? Who
LECTURES? Where
VISITORS? When
Why

From:

To:
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volume 12, number 3 1991

i Information for Contributors/ Avertissement aux Auteurs
iv Newsgathering Form
123 From the Editors
124 President's Message- Quinlan
126 Un Message de la Présidente - Quinlan
128 Report: Hospital Library Standards - Greenwood
132 Continuing Education: Becoming a CE Instructor - Wilcox

ORIGINAL PAPERS

137 The Impact of Technology on Libraries : A View to Ongoing Change -Brennen
144 The Changing Role of the Hospital Librarian: Canadian and US Comparisons -Groen
151 End User Services in Canadian Health Sciences Libraries: The Follow-Up Survey -Marshall -Park

... continued

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155 Moving the Hospital Library
A Checklist
-Reid

NEWS AND NOTES

160 From the HSRC - Wong
161 Du CBSS - Wong
163 People on the Move
165 Errata - Fact Sheet 8
166 From CCOHS
168 Conference News
172 Call for Nominations-Award of Outstanding Achievement
173 Call for Nomiations-Honorary Life Membership
174 CHLA/ABSC Student Paper Prize
175 Les Mises en Candidature-Prix d'Excellence
176 Les Mises en Candidature-Membre Honoraire à Vie
177 ABSC/CHLA Prix du Meilleur d'Etudiant
179 CHLA/ABSC Board of Directors
180 **BMC** Staff and Correspondents
182 CHLA/ABSC Membership Form
183 ABSC/CHLA Formulaire d'adhésion

FROM THE EDITORS

A new year has begun and already the date book is filling up with new and exciting challenges and opportunities for the upcoming year.

This issue carries diverse articles which will help in meeting new ventures in moving a library from one location to another, in understanding the impact of developing technologies and end-user services, and in learning from the experiences of American hospital libraries.

As well, the **CHLA/ABSC 15th Annual Conference Planning Committee** has provided this issue with great information on the city of Hamilton and the stimulating events and sessions to held June 15-20, 1991. The "**New Directions**" theme makes this an opportunity that should not be missed.

As for new challenges, the **BMC** editors would like to ask the readers for their comments and suggestions for forthcoming issues. Remember that **BMC** is your associations' journal. Your input is crucial to the journal's success in meeting your professional information needs. So with this thought in mind, we are asking for your opinions and suggestions on the appearance, the title, the format, the contents, the style, etc. of **BMC.** Please forward your suggestions to any of the BMC Staff as listed at the back of each issue.

We look forward to hearing from you. Keep those cards and letters coming. Happy New Year!

Jill Faubert
Editor
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Diane Jewkes
Assistant Editor
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Chatham, Ontario

A WORD FROM THE PRESIDENT

Catherine Quinlan
Director of Libraries
University of Western Ontario
London, Ontario

Since I last wrote, The Board has held its Fall meeting in Kingston, Ontario on Friday and Saturday, October 19 and 20. Because of the number of items, the Board agreed to meet for two full days rather than the usual day and a half and we managed to fill all the time available- and then some!

The meeting got off to an inauspicious start for me. I decided to drive to Kingston but did not bargain for a torrential rain storm nor being forced off the road by a very large and very blind!-truck. Other Board members had similar travel horror stories but things did pick up the next day as the weather cleared and the meeting began. Your Board was extremely diligent - not flagging in the face of a lengthy two page agenda nor casting too many longing glances at the beautiful Fall weather that held sway for the duration of the meeting.

The final report of the 1990 Conference Planning Committee was received by the Board as was a progress report of the activities of the 1991 Conference Planning Committee. Certainly the 1991 Committee has continued the high quality of program activities - and entertainment! - established by other planning committees and I would like to encourage you to attend the annual conference which will be held in Hamilton, Ontario June 15 -20, 1991. I am also very pleased to be able to tell you that the Manitoba Health Libraries Association has agreed to host the 1992 conference in Winnipeg and the Southern Alberta Health Libraries Association has agreed to host the 1993 conference in Banff: planning for both of these meetings is already underway.

Other items discussed at the Board meeting include:

- the updating of CanHealth;
- revisions to the By-Laws
- **CHLA/ABSC** archives
- promotion of **CHLA/ABSC** awards
- marketing and updating of **CHLA/ABSC** publications
- developing a consistent format for our publications
- developing guidelines for CE projects
- **CHLA/ABSC**'s relationship with Telemedicine
- status of the bilateral agreement with MLA and reciprocity with other associations
- review of **CHLA/ABSC**'s working documents.

As well, the Board received reports from Dorothy Davey (Secretariat), Jan

Greenwood (**CHLA/ABSC**'s liaison with CCHFA), the Task Force on CHA/MIS Guidelines, the Joint Committee on ILL as well as status reports from the various Board members concerning their activities on behalf of the Association. In reviewing the amount of material discussed at the meeting, I am amazed that it was covered in only two days! The next Board meeting is scheduled for February 1-2, 1991 and will be held in London, Ontario.

I would like to remind you that the call for nominations for election to the Board will be sent out later this year and would like to encourage you to let your name stand for election. I know that many of you are interested in the work of the Association but feel some trepidation about running for the Board. Yes, being a Board member requires some commitment on your part but what doesn't? You may find your institution to be quite supportive of your involvement and I know that you will find your closer interaction with the Association and its members to be rewarding. Do consider it when your receive the nomination papers.

As well, nominations for the Award of Outstanding Achievement and Honorary Life Membership should be received by February 1, 1991. Details about these awards may be found in the front of the **Membership Directory**. Applications for the **CHLA/ABSC** Tenth Anniversary Commemorative Award must be received by May 1, 1991; criteria for this award also appear in the **Membership Directory**.

In addition to attending the Board meeting in October, I had the opportunity to speak at the annual Fall meeting of the London Area Health Libraries Association. With my departure from the day-to-day workings of health sciences librarianship, opportunities such as this to keep in contact with **CHLA/ABSC** members are particularly welcome.

By the time you read this, the holidays will have come and gone. I hope that they were enjoyable as well as somewhat relaxing and that you managed to catch your breath before diving into 1991. Best wishes for a happy and successful New Year!

UN MOT DE LA PRESIDENTE

Catherine Quinlan
Directrice des bibliothèques
University of Western Ontario
London, Ontario

Depuis mon dernier message, le Conseil s'est réuni à Kingston, Ontario, les vendredi 19 et samedi 20 octobre dernier. Comme l'ordre du jour était très chargé, les membres du Conseil ont accepté de consacrer à la réunion deux jours plutôt qu'un et demi (comme c'était l'habitude), et nous avons réussi à remplir tout ce temps - et plus encore.

Le voyage débutait pour moi sous de mauvais auspices. J'avais décidé de conduire jusqu'à Kingston, mais je n'avais pas commandé d'averse torrentielle, ni souhaité être poussée hors de las chaussée par un camion aussi pros qu'aveugle! D'autres membress du Conseil ont rapporté de leur trajet de semblables histoires d'horreur, mais les choses se sont améliorées le jour suivant avec le retour du beau temps et le début de la réunion.

Votre Consiel s'est montré extrêmement assidu à la tâche, sans flâner devant les deux pages de l'ordre du jour, ni jeter de longs et envieux coups d'oeil dehors, au splendide temps d'automne qui s'est installé les deux jours durant.

Le rapport final du Comité de planification de la Conférence 1990 a été déposé, ainsi qu'un rapport d'tape des activités du Comité de planification de la Conférence 1991. Celui-ci poursuit assurément la tradition-établie par les comités précédents- avec un programme de haute qualité, incluant les divertissements! Je vous invite, dès lors à assister à la Conférence annuelle, qui aura lieu à Hamilton, Ontario, du 15 au 20 juin 1991. Je suis également très heureuse de vous annoncer dès maintenant que la Manitoba Health Libraries Association a accepté d'être l'hote de la Conférence 1992, à Winnipeg, et que la Southern Alberta Health Libraries Association fera de même, en 1993, à Banff; la planification de ces deux rencontres est déja amorcée.

Parmi les autres articles discutés à la réunion du Conseil, notons:

-la mis à jour de la publication CanHealth
-les revisions des statuts
-les archives de l'ABSC/CHLA
-la promotion des prix décernés par l'ABSC/CHLA
-le marketing et la mise à jour des publications de l'ABSC/CHLA
-le développement de lignes directrices pour des projets d'education permanente
-la relation entre l'ABSC/CHLA et

"Telemedicine"
-l'etat de l'accord bilatéral avec la MLA et la réciprocité avec d'autres associations
-l'examen critique des documents de travail de l'ABSC/CHLA

Le Conseil a également reçu les rapports de Dorothy Davey (Secrétariat), de Jan Greenwood (agente de liaison ABSC/CHLA-CCHFA), du Groupe de travail sur les lignes directrices de la CHA/MIS, du Comité conjoint sur le PEB, ainsi que des rapports des membres du Conseil concernant leurs activités, en lien avec l'Association. En revisant le nombre de sujets abordés à cette réunion du Conseil, je suis stupéfaite que tout ce travail ait été accompli en deux jours seulement! La prochaine réunion du Conseil est prévue pour les ler et 2 février 1991, et aura lieu à London, Ontario.

J'aimerais vous rappeler que l'appel de candidatures pour les élections du Conseil sera envoyé dans le courant de cette année, et je vous encourage à soumettre votre candidature. Je sais que plusieurs d'entre vous s'intéressent au travail de l'Association, mais craignent de s'engager au niveau du Conseil. Oui, être membre du Conseil exige du dévouement, mais quelle activité n'en demande pas? Vous pourriez découvrir que votre institution appuie fermement votre engagement et je sais que vous trouverez gratifiante votre interaction plus directe avec l'Association et ses membres.

Ponsez-y lorsque vous recevrez vos documents de mise en candidature.

Les candidatures pour le Prix d'excellence et le Statut de membre honoraire à vie devront être reçues au plus tard le ler février 1991. Les détails concernant ces récompenses se trouvent au début de l'Annuaire des membres. Les candidatures pour le Prix commémoritif du 10 anniversaire de l'ABSC/CHLA seront acceptées jusqu'au ler mai 1991. Les critéres d'admissibilité pour ce prix figurent aussi dans l'Annuaire.

En plus d'assister à la réunion du Conseil en octobre, j'ai aussi eu l'occasion de prendre la parole lors de la rencontre annuelle automnale de la London Area Health Libraries Association. Pour moi qui ai quitté le travail quotidien de bibliothécaire en sciences de la sante, une telle occasion de rester en contact avec les membres de l'ABSC/CHLA était particulièrement appréciée.

Au moment où vous me lirex, le Temps des Fêtes sera déja passé. J'espére qu'il vous aura été agréable et que vous en aurez profité pour relaxer et pour reprendre votre souffle avant d'aborder 1991. Meilleurs voeux pour une nouvelle annéc remplie de bonheur et de succès.

REPORT ON STANDARDS: UPDATE ON CCHFA*

Jan Greenwood
CHLA/CCHFA Liaison

Well, I promised to keep you posted on the CCHFA activities and, in particular, the National Health Organizations Meeting of October 18, and what a lot there is to report!

1991 CCHFA Standards

Since my last column, CCHFA has published with a vengeance. The 1991 Standards for acute care hospitals (not facilities!) are now available in a 1000 page document, while long term care facilities are covered in two complementary documents of 792 and 129 pages, one of which is organized by service and the other resident-focused. Early in January, we are warned, parallel documents will be released for rehabilitation and mental health facilities.

Generic Changes:

The generic changes in the 1991 Standards are as follows:

1. The concepts of Risk Management and Utilization Review have been fully incorporated into the section on Governing Body. (They are mentioned for other standards, including Library Services, but CCHFA is keen to have these more fully developed in the future and will be requiring advice from the health professions represented by the National Health Organizations).

2. As noted in earlier communiques (BMC 1990; 12(1):13), Education Services is now included, and Quality Assurance (QA) has been deleted as a discrete service, QA now being the responsibility of each service.

3. Some services formerly combined now comprise separate sections. They include: Governing Body & Management Services; Physical Plant/Maintenance Services & Medical Equipment Services; Rehabilitation, Physiotherapy, Speech/Language Pathology & Audiology Services; Laundry/Linen, Housekeeping & Materiel Management Services; Dietary Services now Nutrition & Food Services; Intensive Care, Cardiac Care, Transplant and Critical Care Units.

4. The compliance scale is a single 5-point system for completion by surveyors and facilities alike. Non- compliance (1) with overall standards would likely result in accreditation being refused or rescinded. A two-year award would generally follow a fair assessment (2), a three-year award a good assessment (3) and a very good assessment

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***Canadian Council on Health Facilities Accreditation**

(4) might lead to the four-year award. All of these, of course, are subject to verification and confirmation by the surveyors.

New Revision Process

CCHFA proposes to revise its standards annually and has set the following schedule:

Stage 1: January - March
- preparation of new content; evaluation period for previously issued standards

Stage 2: April - June
- revisions; review by technical and steering committees; consultation with the National Health Organizations

Stage 3: July - August
- publishing; translation; editing; graphics

Stage 4: September - December
-education; circulation of new information; country- wide seminars and other educational programs

Revisions to 1991 CCHFA Standards for 1992

Since relatively few institutions have yet to receive the 1991 CCHFA Standards, and representatives of the National Health Organizations only received their copies last month, you may imagine how startled I was to receive recently a request for revisions to the next edition!

I should mention first that as far as the standards for Library Services are concerned the 1991 document does not contain any surprises. The Standards are precisely as I have advised you during the past few months and differ little from the Draft Copy circulated with BMC 1990;12(1). Most of the feedback I have received thus far has been positive.

Standard II.7.1: Qualification Statement:

What was a shock - and this has not been lost on hospital librarians who have seen the new documents - is that there is a disparity between the qualification statement(Standard II.7.1) for librarians and other professionals. Furthermore this is quite contrary to statements made to me by Ms. Marilyn Colton, Standards Review, CCHFA, and the information I subsequently relayed to CHLA members.

In all but the last draft prior to publication the qualification statements for Directors of Library Services appeared thus:

- an undergraduate degree with a subject specialty
- a post-graduate degree in library or information science

The final draft which I received in late June 1990 had been altered, without any prior discussion, to read:

- an undergraduate degree with a subject specialty
- education and experience with library management

In response to my request for an explanation, Ms. Colton assured me that the change was purely generic and that CCHFA had made a decision not to include specific qualifications in any of the standards. This is patently not the case in the published documents, although it is true that similar generic statements are used for a variety of ser-

vices. For example, under Nutrition and Food Services the qualification statement reads: "a university degree or equivalent in food services management; appropriate professional credentials; management education and/or experience". Similarly, such statements are used in cases where the professional qualifications cannot clearly be prescribed, e.g. Materiel Management and Housekeeping.

What is curious, however, is where (or how) CCHFA has chosen to prescribe specific qualifications. One might have expected that requirements for licensure might be exceptions to the generic rule, but Standard II.7.1 in Nursing Services calls for: "Master's level preparation, as appropriate" and, for Education Services, "education (preferably Master's level) and experience in the field of adult education; management education and/or experience". The latter is particularly curious since, currently, so few educators in hospitals have graduate degrees.

These anomalies have now been brought to the attention of CHLA chapter presidents who have been asked to discuss them with their hospital library members and to provide me or CCHFA with their reactions.

***"CHLA/ABSC Descriptive Standards for Canadian Health Care Facilities Libraries" in Standards for Canadian Health Care Facility Libraries: Qualitative and Quantitative Guidelines for Assessment, 1989, CHLA, Toronto, 1989: 9-16.**

Standard II.7.2 : Requirement for Qualified Library Consultant

A few librarians have objected to Standard II.7.2 which reads:

- in small facilities, in the absence of a qualified librarian, there is consultation with a qualified library consultant.

The issue of staffing libraries in small facilities is the one which proved to be the most contentious during the three years of deliberations by the CHLA Task Force on Hospital Library Standards. At the time that the descriptive standards* were drafted the accreditation standards for 1986 were still very much in effect and it was upon these standards that the Task Force drew to develop professional guidelines that would find a compromise between the wishes of librarians and acceptance by the accrediting body. In very large measure the Task Force was successful in achieving its objectives but, inevitably, as the rules of the game change so must we review our position. The expressed concerns were excaserbated following a Telemedicine program for Education Services in which Marilyn Colton stressed the need for "qualified educators" in every health facility, the argument being that standards should not be lowered simply on the basis of size. This is a concept with which librarians can identify, because we have always maintained that professional information services are due health professionals everywhere, and not simply those in urban centres and teaching institutions.

That the arguement notwithstanding, Ms. Colton's statement raises several obvious questions for health librarians:

1. Does every hospital require a qualified (as defined under the new standards) health educator, when so few are available with the requisite qualifications?

2. If CCHFA is to endorse the concept that quality of service should not be diluted and, by implication, allocation on the basis of size should not be a factor, should CHLA advocate a qualified professional in every facility respective of its size and complexity?

How realistic is it in these hard economic times to advocate that allocation of resources (including human resources) should not be a consideration? Is it further realistic to recommend a full-time professionally qualified staff member for any support service in facilities of, say, 20-50 beds?

Rather than continuing this discussion here, I would ask instead that you respond to the issues raised and let me know how you think CHLA should proceed. The deadline for submitting comments or revisions to the Standards Review Body at CCHFA is mid-February; if you could ensure that I receive your contributions by Friday, January 25, 1991, I would be pleased to incorporate your views in my response. Alternatively, you may, of course, write directly to CCHFA, but I would ask that you copy me on any correspondence.

CCHFA Board and Corporate Representation

CCHFA is reviewing the process whereby health professions are represented through its Governing Body. Currently CCHFA has representation only from the Canadian Medical Association, Canadian Hospital Association, Canadian Nurses Association, The Royal College of Physicians and Surgeons and the Canadian Long-term Care Association. Similarly, only physicians, nurses and administrators are included in the survey teams.

Notwithstanding that CHLA is now represented through the National Health Organizations, I have asked the Board to consider whether CHLA should submit a written brief to address the issue of representation. Since the time-frame is extremely short and a response is required by January 15, 1991, it was not possible to raise the issue among the broad membership.

Concluding Remarks

For those of you who have taken the time, interest and trouble to read my columns of the last year you know that this has been a very busy and volatile time. I would be very grateful to hear from anyone who has suggestions for how our dealings with CCHFA might be improved, and any recommendations for procedural changes.

As always I am grateful to hear from you and hope that this column will generate a lot of mail!!

CONTINUING EDUCATION

BECOMING A CE INSTRUCTOR

Linda Wilcox, M.L.S.

Director
Shared Library Services
South Huron Hospital
Exeter, Ontario

In **BMC 12(1)**, a call for CE Instructors was issued to create a "resource bank" of speakers/workshop leaders from the **CHLA/ABSC** membership. As you read this, I'm sure some names of qualified people are popping into your head -- perhaps even your own name! Please take a moment to write down these names along with their area of expertise and send this information to the CE Coordinator. Once a list of resource people is compiled, it will be available to all Chapters to assist in their continuing education programs. And just to inspire any "new" instructors out there, here is some excellent advice.

ADVICE TO THE YOUNG UNIVERSITY TEACHER*

Lars E. Fahraeus
Department of Earth Sciences
Memorial University of Newfoundland

Reprinted with permission from Teaching and Learning Newsletter, Memorial University of Newfoundalnd. 1986 Nov.;2(3)

"The talents of very good teachers are like freckles: you are either born with the affliction or you are not. No amount of selective sunbathing through the holes of a colander will make you a member of that privileged group."

Put-downs to this effect I have heard more than once and, if the qualifier 'very' is stressed, the assertion probably has a grain of truth to it. By and large, however, we need training and a sizeable helping of dedication and determination to become good teachers, training which is compulsory and lengthy for teachers from kindergarten to high school but not required and usually non-existent for university teachers. We have to learn on the job, a distinction we share with politicians, whatever implications that might have.

In my view, there are certain cardinal "rules" that as lecturers we might do well to respect. We cannot ignore them if we wish to become good teachers. We might succeed in being amusing and entertaining, perhaps, but more likely we will be considered boring and inefficient. That is, we become sources of frustration and bore-

dom rather than of interest and enthusiasm. My cardinal "rules" relate to the Baden-Powell Maxim, the Camel Driver's Fallacy, the Cucumber Syndrome and the Thalia Flirtation.

THE BADEN-POWELL MAXIM

The worst of all lecturers are those who are poorly or not all prepared but rely on their knowledge of the subject, their personality or their powers of extemporation. Such an approach might work once but never twice, and there is no excuse for the lecturer who makes it a regular habit. In fact, it takes time, and lots of it, to prepare lectures, particularly if the course is new and has to be started from scratch, time which the newly appointed teacher might find very difficult to spare or would dearly like to spend elsewhere. When devoting three to five hours (or more if it is a lab. course) to a fifty- minute presentation, for thirty times a semester, the young lecturer is no doubt strongly tempted to cut corners. I am convinced, however, that the investment of time will pay off richly in interested and knowledgeable students and in time to spare for the instructor in future years when only up-dates and modifications have to be made. It also pays off in the undiminishing knowledge and satisfaction that one is doing a good job.

THE CAMEL DRIVER'S FALLACY

When preparing lecturers tyros frequently seem to follow the "everything is necessary; nothing is expendable " rule. To tell "eager beavers" that they are overdoing it usually has the same effect as beating one's head against the wall: it leaves one with a sore head and frustration, but the wall seldom crumbles. The tyro's argument is typically that all the facts are vital if the student is to have the necessary knowledge of the subject. In itself this seems an irrefutable argument but there are other points to consider, one being that the student has other courses to take.

To illustrate, let us assume that typical third year students devote seven hours a day to actual studying. Their work-week will then be forty-nine hours. If they register for, say five courses with three of these being lab. courses, twenty-four hours are immediately taken care of, leaving the average of five hours/course. week for studying outside of labs and lectures. The initial estimate of seven hours/day may seem low but the final five hours/course/week is probably too high if we are to be realistic about it. This is obviously a ball park figure that has to be adjusted for different years and subject combinations, and there is shuffling of priorities when examinations are approaching but- and that is the point of this thought experiment- the number of hours a student can devote to a particular subject is much smaller than is frequently assumed by lecturers who are a little bit too enthusiastic about the importance of their own course, a generalization that has to be kept in mind when sorting and sieving the "necessary" information in a course. If this is not done the students will be leaned on much too heavily and inroads are made into the territories of other lecturers (in the world of scholastic democracy all courses are deemed equal). There is also more than just something to be said for the fact that if too much information is stuffed into a course the student is forced to learn by rote rather than by conceptual thinking. We must avoid becoming one of the zealots Alexander Pope

(in The Dunciad) abhorred more than two centuries ago:

We ply the memory, we load the brain,
Bind rebel Wit, and double chain on chain,
Confine the thought, to exercise the
breath,
And keep them in the pale of Words
till death.

THE CUCUMBER SYNDROME

Dr. Johnson once said about cucumbers that "they should be well sliced, and dressed with pepper and vinegar, and then thrown out as good for nothing". A good many university teachers appear to treat their own time spent at the receiving end of lectures as Johnsonian cucumbers.

Certainly our student memories are very selective and often much too positive. For example, I still have fond memories of a "prof" who used to deliver his lectures verbatim from his notes (I took courses from him for three years and I have marvellous notes, but it must have been deadly boring) and of another who, when it came to exam time, used to take the textbook, open it at random and say: "On page 86 there is a pollendiagram, describe it to me", or some such thing. Again I am sure, we all have memories about the "prof" whose writings on the blackboard, if at all decipherable, could only be seen by those sitting in the first and second rows; or the one who always had a mumbling tete-a-tete with the same blackboard; or, not to be forgotten, the one who always spent time shuffling his notes so he could find the piece of paper he needed while keeping up a running commentary about how bad he was at organizing things. There was also the "prof" with the risqué jokes that were always so risqué that the result was embarrassment rather than amusement.

Now, with our students years behind us, we-tyros included - too often tend to look back at those times with rose-tinted spectacles and smilingly talk about professorial idiosyncrasies rather than of plain bad teaching. With such memories, who needs textbooks to tell us about the niceties of good teaching when we have grab bags of real live examples of how it should not be done? At the same time, among those memories there are also those of outstanding teachers from whom we can learn a lot simply by reminiscing about how they used to lecture. The least we can do, as teachers, is not to subject our students to the poor examples of pedagogic training to which we were exposed.

THE THALIA FLIRTATION

To select the facts of a lecture is only part of its preparation. To organize its content and to prepare its delivery are equally, if not more, important. A lecture, like a play, has to be structured. The introduction is a time for gearing-up and setting the scene; the middle delivers the message, and the end achieves a climax, ties in with the beginning, or makes promises about the future. I usually gear-up by recapitulating the previous lecture and setting the scene for what is to come and end by tying in to the beginning. As the play is broken up by intermissions the lecture is broken up by changes of pace. Most people have very short attention spans and students (contrary to what some believe) are no exception. This is where the entertaining tangents, the jokes (be careful!), the question periods, the

slide shows, etc. have their proper place in a lecture. A marathon lecture with fifty minutes of hard facts is not only boring but to a large extent a wasted effort. Judicious sorting and palatable dilution of facts make for much better communication and final retention.

Most students (and not just junior ones) are unaware of how their memory works and how best to use it. Most of them do not even know whether their own memory is dominantly visual or auditory (olfactory memory cues may be a bit difficult to supply in most courses). A few words to them about study techniques usually pay off in better examination marks.

When it comes to the actual delivery individual lecturers are on their own and have to find styles that suit them; styles that might need to be varied from class to class. This is no more evident then when teaching more than one session of a course. What one says and does in one session goes over beautifully and one might feel truly gratified by the results. One tries "exactly" the same approach in the next session and it falls flat on its face (immunologists may have a point about the self destructiveness of positive feedback).

There are many undercurrents flowing in the classroom with subconscious adjustments going on on both sides of the lectern. The very good and experienced teacher makes necessary adjustments automatically but many of us spend time consciously fine-tuning our approach and delivery. There always is a period of mutual adjustment when an instructor faces a new class.

It is perhaps a paradox, but the very students (and some geriatric hippies) who clamour for "freedom from authority and convention" expect more discipline from a lecturer than we expect them to demand. Lecturers whose delivery is undisciplined or who overplay their "easy-goingness" often produce embarrassment and insecurity in students.

When lecturing (or giving a talk at a meeting), instructors should never follow their notes verbatim. Obviously, this approach makes for very boring lectures, but there is a more serious reason why precise adherence to notes should be avoided. Although we may not always be aware of it, there are considerable difference between written and spoken English. Written English tends to be more structured and formalized and uses three- and four-syllable words that frequently have to be thought out before they are used. This is in contrast to the spontaneity of the spoken word. The fact is that written English is considerably more difficult to follow. Such difficulties are clearly augmented by those of the subject matter itself. We need only think of how often and how many times we must reread a sentence or a paragraph before we understand what it is its author is trying to say.

Students are much more polite than a theatre audience so they do not walk out on the instructor if the performance is bad, but they will stop showing up, which is equally undesirable. We cannot all be magnificent teachers, but without consciously learning our parts we are not even giving the students (and ourselves) a chance.

The methods used for mental preparation for a lecture run the whole gamut:

from teachers who stage-manage their entire lecture, including the risqué joke and the moment when they fall of the rostrum with flailing arms, through those who give their lectures silent dry runs to those, among whom I belong, who spend half-an- hour or so going over the notes while gathering their thoughts. Whichever approach one chooses one has to be mentally prepared. Although I have at this point delivered thousands of lectures, I still enter the lecture room with butterflies in my stomach. On those occasions when the butterflies were absent the lectures were not there either.

To become a good teacher means a lot of practice, dedication, and determination. There will be occasions when everything goes the wrong way and the criticism, verbalized or not, may be harsh and (sometimes) uncalled for, but the apprenticeship is shortened and the rewards more quickly bestowed if conscientious efforts are made and criticism and advice (even non-solicited) are listened to.

Eventually, however, lecturing becomes, to use Peter Ustinov's metaphor for a good actor, like driving a racing car: " The driver of a racing car maintains a loose grip on the steering-wheel and uses it merely to correct the car when an emergency looms. The rest of the time he feels his car round the course. The mental processes are too fast to intellectualize at every curve in the road." So it is with good lecturing.

THE IMPACT OF TECHNOLOGY ON LIBRARIES: A VIEW TO ONGOING CHANGE

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INTRODUCTION

What is technology and how does it impact on libraries and information services? Webster's Dictionary defines technology..."as the terminology of a particular subject: technical language" or it is also known as "applied science" (1). Libraries have historically been viewed as a repository of information to support endeavors in all fields of man's knowledge from the arts and humanities to the pure and applied sciences. Such repositories would then from earliest times, include information on technology. But not until the second half of the 20th century did one think that technology itself was actually utilized within libraries as a means of acquiring the collection, storing it, and disseminating the information. In modern society libraries impart a sense of cultural identity and intellectual well being to the citizens of a nation. (2). Societies also maintain special purpose libraries that support specific activities in the community. Medical libraries, for example, are essential to the development of the medical sciences and contribute to the health and welfare of the citizens of a nation. However, for some nations, libraries have often been viewed as a threat and in those settings, dictators, religious and political groups and xenophobic individuals have taken upon themselves the duty of destroying or "repackaging" information held in libraries and in controlling the content of news and information available to the citizenry. The destruction of the great Alexandrian Library in Egypt over 1,500 years ago is one of the earliest examples of this behaviour (3). With its destruction mankind lost the greater part of its knowledge of antiquity in the western world. Modern examples of this behaviour include destruction of books and libraries in Hitler's Germany during the 1930s, the destruction of libraries in China during the cultural revolution of the 1960s, the destruction of libraries in Cambodia during the 1970s, the destruction of the National Library in Bucharest , Romania in 1989 and the ongoing current "habit" of banning certain books in public and school libraries in the United States of America by fanatical religious groups which disagree with divergent opinions. The widespread practice of banning, repackaging, and destroying information in libraries is a fundamental threat to freedom and can easily destroy the fabric of civilized behaviour in a nation.

RECENT CHANGES IN LIBRARIES

From the advent of the invention of the printing press in the late 1400s up until the middle of the 20th century, libraries remained somewhat the same in function. They served as repositories of information where scholars could come and read and study. The Library's role was a passive one in which it acted as a focal point for organizing and housing the printed word and provided the means for distributing (circulating) the contents. It was during the 1960s that one first began to observe the impact that technology had on the way libraries are managed. It was perhaps the introduction the U.S. National Library of Medicine, of the so-called national Biomedical Communication network ,in the late 1960s that began to change the way medical libraries managed themselves (4) . The AIM -TWX Project, which was part of this network, made available to medical libraries on a national basis an online portion of the materials indexed in **Index Medicus** (5). This utilization of computer technology and a TWX communication network to access bibliographic information had a major impact on the way medical libraries accessed information. At the same time, individual libraries began to use "machine methods" to organize information and to make it accessible to users. The "Philsom" serials control project at Washington University School of Medicine in St. Louis, Missouri is an early example of this (6). Margaret Beckman was a leader and innovator in library automation in Canadian libraries in the mid-1960s (7). By the late 1970s the introduction of online computerized catalogs and circulation systems, the implementation of OCLC and other cataloguing networks and other national and local mainframe computer systems had made computer technology increasingly more commonplace in medical libraries (8). At that point in time it was apparent that the library was beginning to take on the role of acting as a switching center or a central node within a growing information network, a network in which the user and information were being brought together but not necessarily in the traditional library setting.

THE TECHNOLOGY REVOLUTION OF THE 1980S

It was not however, until the introduction of the PC microcomputer in libraries in the early 1980s that a true revolution in the management of information began to occur. This development coincided with publication of three significant national reports which influenced libraries and medical education in the United States and Canada. These were the 1982 Matheson & Cooper Report entitled " Academic Information in the Academic Health Science Center: Roles for the Library in Information Management" (the IAIMIS Report), the GPEP Report published by the Association of American Medical Colleges in 1984, which changed both teaching and learning methods, and lastly, the joint AAHSLD-MLA report entitled "Challenge to Action: Planning and Evaluation Guides for Academic Health Sciences Libraries" published in 1986 (9) (10) (11). These reports along with the emerging development of the so-called super microcomputer, the advent of CD-ROM laser disk technology, the development of interactive videodisk technology, advanced methods in electronic telecommunication systems, and the appearance of distributed knowledge networks created a new

framework, for the way that information is organized, that enables the user to access a vast array of knowledge without ever leaving one's desk or research office. This new architecture is the library of the future.

THE NEW ORDER IN LIBRARIES

Medical libraries are currently evolving into a two principle entities; (a) a conventional library that acquires, houses, and delivers information in the printed form, i.e., books, journals, archival materials, etc. as well as non-electronic sources of information such as that found on microfilm, microfiche, slides, audiovisuals including videocassettes and audiocassettes, and 3- dimensional models, and (b) a value added Distributed Knowledge Network in which information from local, regional, national and international databases are linked in a seamless electronic network and accessible from a location chosen by the user- the so-called "library without walls"(12). This model will include a network of knowledge stations within the library, the local medical community, and the community at large which can access such databases. This entity also includes the capacity to bring together new information technology and new methods of learning such as medical decision making support systems, computer-assisted instruction, artificial intelligence based systems and statistical analysis programs for evaluating medical data in research, patient care and health care management. This model also includes physical facilities such as computer labs, individual study/research rooms, conference rooms, classrooms, and perhaps an amphitheater.

LOOKING BACK-THE CONSEQUENCES OF TECHNOLOGY UPHEAVAL IN LIBRARIES

The transition of libraries from an immobile institution with walls and containing a collection of print materials to that of a library "without walls' incorporating the concept of an electronic distributed " Knowledge Network" has been a source of great satisfaction to most librarians, disconcerting to others, and intimidating to a few. Some librarians have a vague feeling of uneasiness about their future career because the upheaval in information technology is ongoing and the exact role that their library will play in the future of information management remains unclear. This sense of being adrift often manifests itself in anxiety which is occasionally observed in the professional literature and is frequently the subject of formal and informal discussion among librarians at library conferences. Technology to some is viewed as a threat to the status quo of the traditional library and those individuals appear to be obsessed with preserving their current library budget, retaining the present physical facility and its print resources, and maintaining present staffing. This concern appears to be more prevalent among hospital librarians rather than academic librarians although it does extend to both groups. The concern is often real enough in the hospital setting because hospitals, in order to stay in business, have had to become highly competitive, cost conscious, budget cutting institutions. Some institutions, particularly the smaller ones, have chosen to close the library physical facility and as an alternative have opted to access information through newly emerging electronic knowledge networks. This action, viewed by the affected unemployed librarian is a catastrophe, but from the admin-

istrator's viewpoint it enhances the ability of the hospital to compete because it not only expands access to available information for their health care professionals, but through cost sharing of a knowledge network with a larger institution, may result in considerable cost savings. As the 1990s arrived most librarians and institutional administrators had concluded that the Library as a societal institution based solely on physical information resources had passed into history, thus confirming Lancaster's prediction of a "paperless society" (13).

TECHNOLOGY AND MANAGEMENT --- PARTNERS IN CHANGE

The impact of technology on libraries has also resulted in a new controversial school of thought on library management. This school proposes that the two library components, i.e., the immobile traditional library and the value-added distributed knowledge network should be administratively separated (14). The claim is that each of these library forms are so totally different that together they create a hybrid library with each becoming an impediment to its own progress and thus, separate management becomes imperative. This view of the new order in the information world suggests that the management of information resources be based solely on form rather than on function - the electronic form being under one management and the physical form under another. This management viewpoint has its pitfalls as it sets the stage for territorial disputes, communication difficulties, and rivalries and would appear not to be in the best interest of both client and parent institution. The proponents of this concept appear not to recognize a basic management principle that a unified management structure is invariably more effective then a splintered structure particularly when it is dealing with a single function - in this case, information. Management, in well run businesses, routinely creates departments with individuals that have the skills and abilities to coordinate and integrate different aspects of the business. This creates a sense of continuity and harmony in the management structure and enhances the quality of the product or service provided to the customer. It would be logical to assume that an effective library manager would follow these principles and employ staff who are capable of managing diverse forms of information services housed under one management unit. The medical library of the future will likely be an attractive, aesthetically pleasing physical structure with its compliment of print materials combined with the operational center of a value-added distributed knowledge network under a unified management structure. Such an entity will be a model of effective planning which will serve the institution as a symbol of academic excellence.

Over the last 15 years other technologies that have been absorbed in information management and have impacted on libraries are (a) the digitizing and mixing of text, data, and imagery- and accessing this data through use of ISDN (Integrated Services Digital Network) communication technology, (b) the electronic networking of information in libraries so that the physical location of the library itself is unimportant (c) the introduction of artificial intelligence/expert systems as a means of managing and manipulating information (d) the first attempts to standardize and develop universal protocols for accessing bibliographic databases (e) the replacement of

information in print form (books and journals) by electronic databases which are mounted on large mainframe computers (f) the introduction of interactive optical materials as a tool in learning and making diagnosis and (g) the introduction of super microcomputers and CD-ROM laser disk technology as a means of accessing, storing, and manipulating information.

These innovations in technology have made the process of accessing information easier as compared to the traditional immobile library. The adoption of technology in the library has brought this about, but technology does not, in and of itself, make things happen. It will be the user and the societal demands for greater access to information that will effect the widespread adoption of new technologies. There is also the question of affordability as some of the new technologies come at a high price. However, in a supply-side market economy, the widespread use of any commodity generally drives down the cost of the item which would eventually bring it into an affordable price range. Despite these obstacles all indications in the health sciences point toward a rapid move in the direction of distributed electronic knowledge networks and away from the traditional library.

BACK TO THE FUTURE- A VIEW TO THE LIBRARY IN THE 21ST CENTURY

In the future, libraries of major academic medical centers will likely be one that is based both on physical holdings as well as distributed knowledge networks. Smaller institutions, such as hospitals and clinics, however, will be quite different in that they will likely maintain libraries based solely on distributed knowledge networks. In such an environment the institution may legitimately claim to have a library with full access to information but that library will be located everywhere and nowhere at the same time.

Medical libraries of the future will be more than just a center for housing what remains of the print collection. It will become more of a social center - a place for meetings and social gatherings. It will also be a focal point for education with classrooms, computer labs, and small rooms for group discussions and private study - a place for thoughtful reflection. Given the public nature of the medical library of the future, institutions will likely use the physical facility as a vehicle for promoting community relations and as a showcase for academic excellence (15).

The technological advances of the 1980s and 1990s will continue to be enhanced, improved and absorbed by libraries well into the 21st century. We will continue to see the widespread adoption of fee structures for the value-added knowledge networks. The use of ISDN technology will make it commonplace for sophisticated super microcomputers in the home/office/laboratory terminals to access through the distributed knowledge networks a whole host of databases. The user will routinely be able to mix different forms of media in his PC -such as video images, photographs, data, text, and audio signals, thus allowing a higher level of creativity. World-wide satellite transmission capabilities will enable individuals in the most remote sites to access enormous library holdings and databases. Such satellites would assure worldwide equality of access to information. In recent news there are reports of the development of a new and

powerful "pocket telephone" which has the ability, through satellite technology to communicate worldwide (16). These tiny mobile telephones will vastly improve the quality of telephone communication services in developing nations where such service is currently problematic at best. Such easy access to information will greatly facilitate the work of the remote village health care worker in tropical countries by providing instant and easy access to help and information located in distant medical centers. Through ISDN technology the pocket telephones have the potential to also transmit and receive imagery, digital, and audio signals as well.

SUMMARY

The future progress of medical libraries in our society will depend on the expectations of the healthcare profession. The future can be one of continuing dividends in health and human welfare for nations, if the nation matches its expectations with the means for its realization. Almost 20 years ago Dr. Estelle Brodman recognized this when she wrote.." all the changes which will occur in medical information delivery systems... will be planned and carried out by people; moreover, it is the people who are the touchstones of the success or failure of the system" (17). It would appear that this remains true and that the library of the future will continue to reflect the desires and aspirations of our society.

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THE CHANGING ROLE OF THE HOSPITAL LIBRARIAN: CANADIAN AND US COMPARISONS

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INTRODUCTION

During the past year the Medical Library Association (MLA), faced the challenge of the changing role of hospital librarians in the American health care system. The majority of MLA's 5000 members are involved with direct information delivery to primary health care professionals in a variety of settings. During the 1989/90 association year, the advancement and advocacy of the role of the hospital librarian was a priority of the Board of Directors of MLA.

The situation in hospital libraries in Canada is remarkably different from its American counterpart. However, in both countries, hospital librarians are facing major challenges in clinical information delivery, resulting from developments in medical information transfer and information technology. Librarians in hospitals on both sides of the border are learning to surrender the security of past ways of providing information and to take advantage of new technologies to maintain effective information delivery in the face of economic constraints.

MAJOR DIFFERENCE IN THE ENVIRONMENT

Although hospital libraries in both countries have many similarities, two major differences need to be recognized at the outset. The strong, well funded National Library of Medicine (NLM), with a congressional mandate to make available the literature of the biomedical sciences to the citizens of the United States and to conduct research and development in biomedical information delivery has no parallel structure in Canada. The existence of NLM has had a profound effect on medical libraries in the U.S. through its leadership role. Canadian medical librarians are familiar with the development of the Regional Medical Library program in the United States and may have used it as a model in attempting to rationalize the delivery of biomedical information in Canada. A second major difference lies in the health care system itself. Health care delivery is governed by two quite different, if not conflicting, values in the two countries. Medical librarians, especially if working in a hospital setting, are part of the health care system. In the United States, the American health care system is being rocked to its foundations by some very basic questions:

1. How much health care is enough?
2. Who decides this question ?
3. How can rising costs be contained?

4. How much is the tax payer willing to spend?

Although these questions are also being asked in Canada, the answers are different, as a result of the contrasting social values in the two countries. Some of these contrasts identified in a recent study by the American Hospital Association serves to underscore these essential differences: it is of interest that Canada spends 9% of its GNP on all health related activity, in the U.S. it is 12%. Canada spends 16% of its health care dollar on physician reimbursement. In the United States that figure is 21%. The practice of medicine is clearly not as lucrative in Canada for the majority of physicians.

Underlying these differences is the Canadian commitment to universal availability of health care. Canada's health care system is governed by the principal of universal entitlement to adequate health care, regardless of the ability to pay. In the United Sates this is not the case, and millions of Americans are outside the health care system. Both countries have "backed into" an information system of rationing whereby limits are being set of the availability of medical services. In the U.S. this limit is determined economically, by the ability of the patient to pay; in Canada the limit is determined by the physician and the critical need of the patient as well as by the availability of the hospital to deliver the critical care. Rationing is occurring, of necessity, on both sides of the border, but the methods of determining ones place in the queue are different.

Although the environments in which we practice our profession as medical librarians vary greatly for these reasons, the practice of our profession, especially within the clinical environment is essentially similar. We are all concerned with providing the necessary information for clinical decision making in the most timely and cost effective way possible. We are also living, like our American counterparts, in difficult times economically. Much recognition is given to the Library, but in times of severely restricted operating budgets, we are often everyone's second priority.

MAJOR SIMILARITIES

There are three major areas of development in medical and clinical information delivery in the United States that are paralleled in Canada from which Canadians can benefit. All of them have occurred as a result of major advances in medical information technology and also as a result of economic hardship. One is reminded again of the fact that there is no such thing as security; there is only opportunity.

The three areas ares:

1. the changing environment of the hospital library
2. outreach to users and the library without walls
3. the professional development of the librarian.

1.THE CHANGING ENVIRONMENT OF THE HOSPITAL LIBRARY

Although the 1970's was a period of growth and development for U.S. hospital libraries, the decade of the 80's brought adverse conditions and a number of reversals in legislation that had previously

supported strong hospital libraries. The Federal Health Care Financing Administration (US) changed the Medicare Conditions of Participation for Hospitals in 1986, whereby it no longer required access to library services as a condition for reimbursement under Medicare. The State of New York Department of Health revised its Hospital Minimum Standards along the same lines, effective January 1, 1989. These revisions determined " that a mandate for the provision in each hospital of medical library services was not sufficiently related to the provision of patient care and services... to require medical library resources in the regulations." (1)

Reasons cited in New York for this decision include an inability to link adequacy of medical library service to any of the specific problems found in the delivery of patient care. These revisions are based upon the lack of concrete evidence that a patient care problem has resulted from a lack of practioner access to a pertinent article, in other words, a lack of a causal relationship between the physicians' personal knowledge base and the relevant medical literature. Thus, the library requirement was dropped from the New York State Regulations. Regulations are all viewed in terms of patient care outcomes. To respond to these changes in the environment, the Medical Library Association and American hospital librarians put in place a number of initiatives.

Discussions accelerated with the Joint Commission on Accreditation of Health Care Organization (JCAHO)'s Director of the Department of Standards on the relation of library standards to accreditation. Standards relating to libraries in hospitals had not been among the key items in the over 1,200 standards. However, with the 1990 manual, libraries became a starred or key item (2). Efforts continue to secure a slot for the Medical Library Association on the Professional and Technical Advisory Committee of the Joint Commission of Accreditation of Health Care Organization.

This initial dialogue between MLA and JCAHO staff opened a door for MLA in working with JCAHO to upgrade standards for information services in hospitals and for strengthening the functions of the library in future standards. The communication channels are firmly in place. Of equal importance was the recent invitation from the Senior Vice President for Research Standards of the JCAHO to MLA to nominate one or two persons for possible membership on an Information Management Task Force. In his letter to MLA, Dr. James S. Roberts points out the "Current Joint Commission standards do not fully address all of the key functions of the necessary information management system and database(s). Further, the current standards may address some issues that, although not irrelevant, are probably not among the functions of the information systems that are key to patient care quality. This had led the Joint Commission to the decision to establish a Task Force on Information Management that will be charged with reviewing and suggesting improvements in Joint Commission standards in this area"(3) This integrated approach to information in the hospital places the library in a strong position within the institutional framework.

Simultaneously, the Medical Library Association established an Ad Hoc

Committee on the Position of Hospital Libraries. This Committee continues to develop strategies and actions to strengthen and promote hospital libraries in the current health care environment. Activities have resulted in sending a letter at the request of the librarian to hospital administrators promoting the hospital library, a public service advertisement on the value of a hospital library that appeared in the Annals of Internal Medicine, August 15, 1989, a brochure describing how the library can help the health professional and an increased emphasis upon the standards, credentials and skills of the librarian. In addition, an Award to recognize Excellence and Achievement in Hospital Librarianship has been established. At the Annual Meeting, 1990, the theme for the President's Fund Raising event was the establishment of an endowment to support this Award of Excellence and Achievement in Hospital Librarianship. By promoting achievement in health information delivery in a clinical setting, a better understanding of the role played by the hospital librarian results amongst librarians and users.

Having to take a more assertive stance and not being able to rely fully on a library requirement as part of standards has resulted in some remarkable innovations on the part of librarians as well as some exciting new allies. Some hospital librarians became entrepreneurs, aggressively marketing their services within their institutions. One target has been the administrator of the hospital in a competitive environment.

Some hospital librarians have develop strong partnerships with the medical community in their efforts to survive in an increasingly competitive environment. They have found welcome partners in addressing the Health Care Financing Administration and Department of Health of New York State decisions. Peter F. Farnsworth, M.D., Director of Scientific and Educational Activities of the Medical Society of the State of New York has referred to the elimination of the requirement for medical libraries in hospitals as "an insidious encroachment without understanding..." and "astounding and bizarre." In strong language, Dr. Farnsworth commented, "it has not escaped suspicion that this [elimination of the requirement for medical libraries] is a perverse experiment to obtain data showing that lack of hospital medical libraries does indeed impact adversely on the quality of patient care." (4) Since it is accepted by most medical educators that the library is the primary source of continuing medical education for physicians, it seems quite surprising that such a major change in regulations could have slipped by the medical community. However, the medical community appears to be in a reactive position only, and therefore, it seems totally appropriate to call upon its members to react. Defending the hospital medical library is a responsibility of medical staff as well as hospital medical librarians, according to Dr. Farnsworth.

In summary then, although the circumstances that created these developments are quite different, the responses of the librarians in marketing and improving their position within their institution and in developing strong alliances with their users have been most effective strategies in coping in a rapidly changing environment.

2. OUTREACH TO USERS AND THE

LIBRARY WITHOUT WALLS

The second major development that is influencing programs in the United States is the outreach to users of medical information. Medical information technology is making medical information more available. It is also allowing medical information to go where it has never gone before. As excellent as services have been in the past, an even greater contribution to medical research and to health care delivery is possible. The key to this extended benefit is in making services known and used by all health care professionals. To improve outreach to users, the National Library of Medicine in the United States established an Outreach Planning Panel to advise them on how to make medical information available to all who need to use it. Consisting of 31 medical scientists, information experts, health science librarians and representatives of the business community, the Panel concurred that the Library's databases are indispensable to the daily practice of medicine and critical to the improvement of human health. However, it found that far too few scientists and medical practioners made optimum use of these services. The Panel proposed a new partnership between the NLM and the members of the Regional Medical Library Network, emphasizing the benefits of NLM's medical information products and services to all health professionals, especially those who do not currently enjoy direct access. This partnership includes specific outreach activities, expanded interlibrary loan programs and training classes for underserved audiences.

To enhance the use of the National Library of Medicine, the Outreach Planning Panel recommended an additional federal outlay of $26 million in 1990. It set four major goals (5):

1. Strengthen the Regional Medical Library Network
2. Improve access to national information sources
3. Expand training and demonstration grants
4. Expand the Library's intramural research and development program

These are exciting developments that represent major advances in making available necessary information to all who need to use it. Canada, even more so than the United States, must be concerned with information services to its remote regions. It is interesting to note that CISTI recently held an open house to improve the knowledge of "end users" concerning its services.

Canadians are trying to accomplish goals similar to those set by the NLM Outreach Planning for American medical librarians. But, although our goals are similar, the means whereby we achieve them must be quite different. The NLM has endorsed a program of expanded training and demonstration grants as well as contractual arrangements for medical libraries. Canadians must look elsewhere for the necessary resources to accomplish similar goals. Local hospital library consortia are developing from Vancouver to St. John's and locations in between, funded in a variety of ways- by provincial pay backs, by universities and by private foundations, but not by direct federal funding.

III. CONTINUING PROFESSIONAL

DEVELOPMENT OF THE LIBRARIAN

The third and final area of common interest, north and south of the border, is continuing professional development. It is frequently said that the knowledge acquired by a medical student during his years in medical school is out of date within five years of graduation. Librarians may be reading a half-life in their knowledge base that is not so different from that of physicians. Continuing education is not only desirable as a means for upgrading our skills; it is essential if we are to survive professionally in the 1990's.

The verification of the upgrading of our skills is becoming as important as the acquisition of these skills, Librarians need to demonstrate continuing competence. In the hospital setting, merit and evaluation are affected by the ability to demonstrate continuing competence as health information professionals. In the university, promotion and tenure are affected in the same way. Professional development becomes a matter of survival under these conditions.

One of the most visible changes involving professional development in MLA has been the move away from the former certification examination towards a broader program based upon membership in an Academy of Health Information Professionals. All members of the Medical Library Association, those presently certified, those who had permitted their certification to lapse, and those who had never been certified have been invited to participate in this new credentialing program. Membership in the Academy, like the certification by examination program that it replaced, is totally voluntary.

Why should Canadian health information professionals consider membership in the Academy of Health Information Professionals? In the first place, in providing information to health professionals, Canadian medical librarians have become well aware that all professions need to establish standards of practice and to guarantee the continuing education of their practitioners. The Academy is a means of setting standards of practice through establishing criteria for membership and of assuring that members of the Academy continue to maintain their professional knowledge throughout their practicing career. Secondly, the Academy allows for entry at various points in one's career. The criteria for membership permits the medical librarian to apply at a level appropriate to the individual. Credit is given for relevant meeting participation, including medical library associations in both Canada and the United States.

The Areas of Essential Knowledge, as they are listed in the guide on Information for Applicants (6), identify ten core ares of knowledge expected from librarians beginning their career in health sciences libraries. If we as employers pay attention to these categories, we will hire the kind of librarians who will provide effective information services in the 21st century.

CONCLUSION

At all times, one is acutely aware of the fundamental differences between the environments in which we practice our profession in Canada. However, the practice of our profession is international in scope. We are in an ideal position to grow and benefit from these developments in the practice of

medical librarianship in the United States. These developments are international; they suggest that our strength is in what we share in common, locally, nationally and internationally.

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END USER SERVICES IN CANADIAN HEALTH SCIENCES LIBRARIES: THE FOLLOW-UP SURVEY

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If you were a **CHLA/ABSC** member in 1989, you were likely one of the people who responded to a follow-up survey on end-user services. The survey was sent to 346 members and 299 members (86%) returned the questionnaire. This response was greatly appreciated and we hope that the basic results reported here will be of interest to the health sciences library community in Canada. The follow-up survey was initiated by Joanne Marshall. Lucia Park assisted in the data coding and analysis and has since done an additional interview study about the decisions involved in selecting CD-ROM products. Responses to both the 1985 and 1989 surveys were treated as confidential and only I.D. numbers were used during the analysis.

This paper is based on a presentation at the **Computers in Libraries Canada Conference, Sept. 23-25, 1990, Toronto, Ontario.*

The idea for this survey originated in 1985 when end-user searching was just getting started. In the summary of the earlier survey which appeared in **BMC 1986; 7(5) 184-87**, Marshall and Fitzgerald argued that the survey was important for several reasons: 1) librarians' knowledge and experience with intermediary searching provide them with unique insights into both the potential and the problems of end-user searching; 2) such a trend could have a significant impact on librarians' work roles and current online services; and 3) the potential for providing end users with training and support through health sciences libraries needed to be investigated. The purpose of the original survey was to find out about librarians' experiences and views vis-a-vis end users. The purpose of the 1989 follow-up study was to find out if these experiences and views had changed over time.

The number of **CHLA/ABSC** members stayed almost the same between 1985 and 1989, although our membership has recently risen to over 450. In 1985, 353 members

were contacted for the survey compared to 346 in 1989. In the case of each survey, 299 questionnaires were returned, making the response rates very close--85% in 1985 and 86% in 1989. Although the numbers and the response rates are very similar, the actual membership had changed during those years. Of the 346 questionnaires sent out in 1989, 203 went to **CHLA/ABSC** members who had answered the first survey and 143 went to new members.

LIBRARY PROFILE

The types of libraries worked in by **CHLA/ABSC** members have remained fairly constant over the past four years, as have the number of journal titles received. Comparative percentages are shown in Tables 1 and 2.

TABLE 1

Types of libraries worked in by **CHLA/ABSC** members

	1985 (n=299)	1989 (n=299)
Hospital	49%	50%
Academic	24%	27%
Other	22%	20%
Not currently working in a library	5%	3%

TABLE 2

Number of journal titles received

	1985 (n=277)	1989 (n=277)
Less than 200	42%	45%
200-299	20%	21%
400-999	15%	10%
More than 1000	23%	24%

In 1985, database searching was done in the libraries of 63% of the respondents and by 1989 this percentage had increased to 74%. Most libraries that did not offer in house search service were able to take requests and have the searches run elsewhere. As shown in Table 3, NLM was still the most frequent search system used in 1989.

TABLE 3

Search systems used

	1985 (n=180)	1989 (n=213)
NLM	90%	87%
Dialog	66%	60%
BRS	46%	45%
Can/Ole	41%	29%
Other	29%	32%

SERVICES TO END USERS

The services to end users increased substantially in the four year period as shown in Table 4. In 1985, Cd-ROM was not generally available and this option did not appear on the questionnaire. It is interesting to compare the 20% of health sciences librarians who reported providing access to CD-Rom in this study with the results of a recent Quebec survey which found that only 7.7% of Quebec libraries used CD-ROM (Deschatelets and Carmel, 1990). While the present survey is of librarians and not libraries, the adoption rate for CD-ROM in the health sciences still appears to be considerably higher than for libraries in general.

TABLE 4

Services to end users

	1985 (n-284*)	1989 (n=291*)
Informal consultation	45%	59%
Handouts	24%	32%
Seminars	9%	26%
Access to term	8%	13%
CD-ROM		20%

The MEDLINE database was the most popular CD-ROM product (91, n=64), followed by CCINFO from the Canadian Centre for Occupational Health and Safety (30%, n=21) and Science Citation Index (SCISEARCH) (16%, n=11). The number of librarians who reported that they knew end users who were performing their own searches outside the library grew from 42% to 52% between 1985 and 1989.

CHANGES IN ATTITUDES TOWARDS END-USER SEARCHING

Substantial shifts in attitudes towards end users and end-user activities in the library context were evident in the two surveys. Some of the key findings follow. In 1989, 16% more of the librarians agreed that it was advantageous from the library's point of view for end users to do their own searches. The respondents in 1989 were less likely to see end user searching as a fad that would quickly disappear and more likely to see end user services as an extension of mediated search service. In 1989, 10% fewer librarians agreed that only a small proportion of the health professionals would want to do their own searches.

While over half of the respondents to both surveys thought that end users would have some difficulties in searching, in 1989 the librarians were more positive about the improved access to databases that could be provided by end user searching. In 1989, 12% more of the respondents agreed that libraries had a responsibility to train and support end users. While 25% of the librarians saw end user searching as a threat to the status of librarians as intermediaries in 1985, only 15% had this concern in 1989.

The majority of respondents in both surveys (over 85%) thought that librarians would be called upon to perform the more complex searches for end users. Librarians still appeared unsure about whether end user searching would allow reference staff to spend their time more productively (32% were undecided in 1985 and 34% in 1989) In 1985, 50% of the respondents agreed that end user searching would increase the workload for library staff, whereas in 1989 this percent increased to 59%.

The results of these surveys show a substantial increase in the level of end user services in Canadian health sciences libraries in the last four years. They also suggest that there is a growing acceptance among librarians of the end user phenomenon and a greater interest in promoting the library's role in the provision of facilities, training and informal support for end users. Experience with end users appears to be providing librarians with a more positive view of the potential of end user services. It is also notable that during this same time period librarians perceptions of the amount of work involved in supporting end users as also increased.

Once again, we would like to express our thanks to the **CHLA/ABSC** members who took the time to answer the questionnaire.

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MOVING THE HOSPITAL LIBRARY: A CHECKLIST

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The focus of this article is the moving process. The use of a written checklist provides the library manager with a primary tool for administering the move. The checklist outlined below has been set out in point form in order to emphasize the type of activities to be included in a real checklist. Some of the points are more descriptive than might be required in an actual checklist; consider the descriptions as supporting explanations for the point. This checklist involves a library move within one building location, with new shelving units supplied. Some points will need to be added or existing points adjusted to fit the reader's particular situation.

Before beginning a checklist, a Library Building Program document must be created. Such a document is crucial in order that the details relating to the functional and physical needs of the library are addressed. This document must be understood by the Move Advisory Committee. Further information regarding this step is available in **Hospital Library Management** by Bradley. This step constitutes a portion of what is known as the planning stage of the move. The importance of the planning and pre-planning stages cannot be stressed enough. The checklist should begin months and possiblably years in advance of the actual move. It should progress from being a short list of general activities to a very detailed list of events which will need constant updating.

CHECKLIST

- Planning begins with meetings with a library building program executive committee.

- One must become acquainted with any and all members of this committee in order to know who to contact when planning elements of the physical arrangement of the library and the subsequent move from the old to the new location.

- Determine if any new user groups will have to be served in the new location and if any resulting changes to the library will be necessary.

- Weed the collection.

- Determine the amount of space which will be required to house the current collection. Ideally, future growth should be taken into

consideration of space allocation.

- Work with architects, interior designers, contractors, and the committee to fine tune the floor plan of the new library in order that sufficient space is allotted to shelving, equipment, patron seating, staff work space, and any other special considerations.

- Be aware that these plans can be expected to change numerous times throughout the process.

- Once architectural renderings of the floor plan are available make numerous copies. These can be used throughout the planning and moving stages to focus on various aspects of the moving procedure when necessary, (i.e., locations for telephone lines, staff and patron furniture, shelving, lighting, etc.)

- Place orders for any new items for the library. Determine what new items will be required and order them with enough lead time that they are available and ready to be delivered when the new library is ready. Dimensions of any new furniture and equipment must fit the dimensions of the floor plan.

- Purchase items to assist with the move; carts and/or boxes for the moving of materials if applicable, felt pens, string, masking tape, tape measures, extra floppy disks for back-ups, etc.

- Arrange for a disposal plan for that furniture and equipment not being moved to the new location.

- Calculate the number of movers needed to move the materials in the collection.

- Determine who will be doing the physical move: for example, hospital staff, library staff, volunteers, students, or outside movers. If using the latter, arrangements should begin enough in advance in case tenders are necessary.

- Decide what method will be used for moving the materials. If using book trucks, determine how many will be needed. An order may have to be placed for additional trucks.

- Do a trial run of the move from one location to the other. This will establish an approximate time frame for this activity. This can be used to determine how many helpers and trucks will be required.

- If furniture or equipment is being delivered directly to the new location before it is open for business, locks must be functional in order that this equipment is secure.

- Head librarian/ Move coordinator should make themselves known to the construction site supervisor in order that potential problems can be solved between these two parties directly.

- Establish security routine for the new location.

- Arrange for a temporary telephone line to be set up for the move, so that workers at both ends of the operation can communicate their progress. This telephone line should not have any long distance capabilities in case unauthorized persons gain access to the phone.

- Make sure that the site has been

thoroughly cleaned of construction debris prior to the move.

- Check for fire safety points. Alarms must be functional, exit signs in place, and fire routes and safety procedures made known to staff members.

- Notify all departments within the hospital that the library is moving. Personally inform such areas as housekeeping, security, information desk, and the mail room.

- Remind departments that their computerized address labels should be changed for the library.

-Check that the telephone and computer lines and electrical outlets are in correct locations and that they are appropriate for the equipment they will carry.

- If the hospital has a newsletter, arrange to include a report or article about the new library. For example, the new location, features, and expected move date.

- The library staff should receive orientation sessions to introduce them to the new location.

- Movers will be assigned the tasks of loading or unloading materials from the book trucks. It could be helpful to have one person to hold the elevator if it is needed.

- A library staff member should be assigned to each end of the operation to ensure that journals and books are removed from the shelves and placed on the book trucks and new shelving in the correct order.

- To facilitate the shelving of current journals, cards could be made up in advance which show the title of each journal in the current collection. These should be placed on the display shelving in the location assigned to each title.

- Make back-up copies of all floppy disks prior to the move. Review the computer manual(s) regarding the moving of the unit(s).

- Move in new furniture and equipment.

- Post a 'We're Moving' notice at the current library advising patrons that there will be 'no service' for the period of the move as opposed to the library being 'closed'. A preference may be to close the library; however, it is possible to maintain self service without disrupting the movers unnecessarily. Patrons are less likely to follow the movers and try to use the new library if the chairs are the last item of furniture to be added to the new library.

- Advise contact hospitals that regular service will be difficult during the move period.

- Once the final inspection has been completed prior to the move, produce a deficiency checklist of items which still need attention.

- Set up an answering machine to take messages during the move.

- Test temporary telephone lines to make sure that they operate correctly.

- Move book materials by affixing notes with masking tape over shelves of books, giving location, shelf section number and

shelf number. When moving items onto the book trucks transfer the notes to the trucks. This will enable the unloader to readily identify the contents of a book truck and match it to its correct destination.

- Move large items, for example, card catalogues, pamphlet racks, photocopier, computers, filing cabinets and desk contents.

- Post new directional signs for the library throughout the hospital.

- Remove the 'We're Moving' sign after a few months.

- Visit departments such as the mail room in person to confirm that the move has taken place.

- Check that the phones are functional at the new location.

- Update the deficiency checklist and inform the construction supervisor of all items under his/her control.

- Send thank you notes to any volunteers who assisted with the move.

- Order permanent range locaters for the book and journal stacks.

- The use of one or several follow-up checklists would be helpful in completing the post move activities. Do not underestimate the time commitment involved in the post-move period.

- As the library staff and patrons begin to work in and use the new library, they will discover areas which could be improved from the original design. Therefore, one should expect that minor changes will be necessary in the months following the move.

- Hold an Open House to introduce users to the new library.

The time taken to create a moving checklist at the planning stage will pay off in time saved during the period surrounding the move. The need to constantly update the checklist as the move progresses cannot be overstated. The checklist approach allows you to fit the smallest of details which become very important at some stage in the move. Portions of the checklist may be delegated to others, however, one comprehensive checklist should be maintained by one individual. The success of a move in terms of the ability to organize, direct, and control all activities can be assured with a carefully produced, dynamic checklist of tasks to be completed before, during, and after the move.

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

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MEDLINE CD/ROM PRICE CHANGES

According to our 1990 subscribers survey, more than 60 centres are now subscribing to MEDLINE CD/ROM products. The most popular products reported are Cambridge Scientific (29%), CD-Plus (28%) and Silver Platter (27%). These figures will likely change as the competition in the CD market gets more intense with new software enhancements, hardware support and technological advances in networking.

In response to the wide variation in the use of CD-ROM products, the U.S. National Library of Medicine has recently announced a new fee schedule for CD-ROM products containing MEDLARS data. CD-ROM vendors pay NLM a minimum license fee per year to get that data. In addition to this licence fee, last year CD-ROM vendors were required to pay NLM $100 US per customer subscription. With the new pricing policy that will come into effect February 1, 1991, there will be five classes of products with different subscription fees. The prices quoted below apply to non-U.S. customers (i.e. including Canadians).

1. A non-networked product for an individual's personal use
Annual subscription fee: $50 US

2. A non-networked product for use in one institution for onsite access on a single work station
Annual subscription fee: $125 US

3. A networked version with 2-5 workstations for use by the users of one institution
Annual subscription fee: $1,250 US

4. A networked version with 6 or more workstations for use by the users of one institution
Annual subscription fee is 75% of the flat rate fee charged for an equivalent subset.

5. A networked product with 6 or more workstations where the insitutuion provides access to its own users as well as users from other institutions
Annual subscription fee is 75% of the flat rate fee charged for an equivalent subset plus use charges (connect hours and character charges).

Du Centre Bibliographique des Sciences de la Santé

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Changements apportés aux tarifs d'interrogation de MEDLINE sur CD-ROM

Suivant les résultats de l'enquête que nous avons mené en 1990 après de nos abonnés, plus d'une soixantaine de centres sont maintenant abonnés à MEDLINE sur CD-ROM. Les produits les plus populaires sont Cambridge Scientific (29 %), CD-Plus (28%) et Silver Platter (27%). Ces chiffres se modifieront vraisemblablement à mesure que s'intensifiera la concurence sur le marché du CD avec de nouveaux produits améliorés, des programmes de soutien et les progrès technologiques dans les logiciels de gestion de réseaux.

En réponse à une très grande variété d'utilisation des produits CD-ROM, la National Library of Medicine a récemment annoncé un nouveau barême des prix pour les produits du CD-ROM contentant des données du Medlars. Les fournisseurs de CD-ROM verse à la NLM une redevance annuelle minimale pour la licence donnant droit à la commercialisation des données. En plus de ces frais de licence, les fournisseurs de CD-ROM devaient débourser 100 $ par abonnement à la NLM . Avec le nouveau barême qui entrera en vigueur le ler février 1991, il y aura cinq catégories de produits pour lesquelles une tarification différente sera exigée. Les prix indiqués s'appliquent aux clients autres qu'américains (c.-à-d. que ces prix s'appliquent aux Canadiens).

1. Un produit ne faisant pas partie d'un réseau pour l'utilisation personnelle d'un particulier.
Frais d'abonnement annuel: 50 $ US

2. Un produit ne faisant pas partie d'un réseau dans un organisme pour une utilisation sur place à partir d'un poste de travial simple.
Frais d'abonnement annuel: 125 $ US

3. Une version en réseau comptant de 2 à 5 postes de travail pour les utilisateurs d'un seul organisme.
Frais d'abonnement annuel: 1,250 $ US

4 Une version en réseau comptant 6 postes de travail ou plus pour les utilisateurs d'un seul organisme.
Les frais d'abonnement annuel sont 75% du tarif de base exigé pour un sous-ensemble équivalent.

5. Une version en réseau comptant 6 postes de travail ou plus, où l'organisme permet

l'accés à ses utilisateurs et aux utilisateurs d'autres organismes.
Les frais d'abonnement annuel sont 75% du tarif de base exigé pour un sous-ensemble équivalent, auquel s'ajoute les frais d'utilisation (heures de connexion et frais d'affichage de caractères).

NEWS AND NOTES

PEOPLE ON THE MOVE

Catherine Mackellar, formerly of the Sport Information Resource Centre is now Head of Reference and Automated Services at the Health Science Library of the University of Ottawa. Catherine has a B.Sc. in Human Kinetics from the University of Waterloo and an M.L.S. from Western. She replaces **Helena Wybenga** who worked at the Vanier Library and the Health Sciences Library for sixteen years. Although Helena has retired she is going to the Dominican Republic to work for the Christian Reformed Church.

Staff shakeups in the **Health Libraries Association of British Columbia** include **Ann Nelson** of Hamber Library who retired at the end of November. Replacing her on an 18 month appointment is **Pat Lysyk** of Woodward Library. A second librarian position has been created at B.C. Cancer Agency. Filling the new position will be **Beth Morrison**, a class of 89 grad who has been working at a medical library in North Carolina this past year. **Andy Stefanelli** will be leaving RNABC in late December. Replacing him as assistant librarian will be **Carol Breeden**, currently at the Justice Intsitute.

Karen Gagnon has been appointed librarian at Kingston Psychiatric Hospital as of July 3, 1990. Prior to this she worked in the Reference Department of the Health Sciences Library at McGill University.

Frances Groen, Life Sciences Area Librarian, McGill University, since 1974, was appointed Associate Director of Libraries at McGill University, effective November 1, 1990. The heads of the health sciences, law, physical sciences and social sciences area libraries as well as the preservation and collections librarian, will report to her. **David S. Crawford**, Assistant Lifes Sciences Area Librarian, has been named Acting Life Sciences Area Librarian.

LIBRARY CONSULTANTS

The Library Development Centre of the National Library of Canada is creating an online, in-house directory of library and information science consultants to answer the many questions it receives from libraries and other organizations on this topic.

In order to provide accurate and current information, we need your help. If you have not recently done so, please send us the name of your company and/or contact person, mail and e-mail addresses, telephone and FAX numbers, field of specialization, availability (full or part time) , and willingness to travel.

Send this information to:

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Phone: (613) 995-8717
FAX (613) 996-7941, attention LDC.

ERRATA

FACT SHEET NO.8-- INTERLIBRARY LOANS AND ELECTRONIC MAIL

The following was submitted by Wanda Nowosielski as corrections to her fact sheet that was issued with **BMC** 12(2), 1990. Wanda is the Systems Librarian, Document Delivery, CISTI and her contact at the National Library regarding these changes was Helene Charbonneau (613) 996-7527.

Please make these changes to your copy of Fact Sheet No. 8:

1) Remove the second-to- last paragraph, which begins with "A similar information package..."

2) In the last paragraph, insert "on software packages" after "For further information..." (ie. For further information on software packages contact the Library Development Centre at the National Library.)

3) Make the following, the final paragraph of Fact Sheet No.8:

For information on the development of software packages to format requests according to the ILL protocol or ILL Generic Script contact the Head, Support Services, ILL Division, National Library.

Telephone: (613) 992-6952
Envoy 100: OON.ILL.PEB

These changes will be incorporated into this Fact Sheet when it is printed in a future **BMC** so all subscribers will have a permanent and corrected record of the Fact Sheet.

FROM CCOHS

The Canadian Centre for Occupational Health and Safety was established by an Act of Parliament in 1978 "to promote the fundamental right of Canadians to a healthy and safe working environment."

OCCUPATIONAL HEALTH AND SAFETY INFORMATION

What do you have on the hazards of VDT's? I work near power lines- are they dangerous? What is WHMIS?

Librarians are facing more and more occupational health and safety questions, not just from their patrons but also from their colleagues. They want information on indoor air quality, working with photocopiers, safe lifting techniques, and stress management, to name only a few topics.

Where do you go to find the answers to their questions?

Help is available for the **Canadian Centre for Occupational Health and Safety** in Hamilton, Ontario. Created by the Government of Canada " to promote the right of Canadians to a healthy and safe working environment", the Centre has a tripartite Council of Governors, representing government, employers and labour.

How can CCOHS help you?

CCOHS offers a free, confidential inquiries service in both English and French which is available to all Canadians. CCOHS staff combine occupational health and safety expertise with information skills to provide authoritative, understandable and useful answers.

How can you get this free information?

Just write, fax, or phone the toll-free number. Most answers are provided in writing, although staff can phone back. The answer may include CCOHS publications, short summaries, data sheets or printouts from CCINFO, the Centre's computerized information service. Feedback from past inquirers shows that they find the information clear, thorough and useful in improving their workplaces.

Now when someone comes to you with an occupational health and safety question, you will know where to turn.

Call, write, or fax:

Inquiries Service
Canadian Centre for Occupational Health and Safety
250 Main Street East
Hamilton, Ontario
L8N 1H6
Telephone: (416) 572-4400
Toll-free: 1-800-263-8466
FAX: (416) 572-4500

CHLA/ABSC 15TH ANNUAL CONFERENCE
HAMILTON, ONTARIO

NEW DIRECTIONS!

Those of you coming the to **CHLA/ABSC** Conference June 15-20 in Hamilton are in for a real treat- you're coming to one of the most interesting and attractive areas in Southern Ontario to live, work and play in! Situated at the head of Lake Ontario, its topography dictated by the panoramic sweep of the Niagara escarpment, the city of Hamilton is cosmopolitan yet hospitable with attractions to suit almost everyone. Confirmed urbanites will find the downtown area a shopper's mecca; several hundred stores at Jackson Square and the new Eaton Centre adjacent to the hotel cater to a variety of sophisticated tastes. Within a few minutes walk of the Sheraton Hotel, Hess Village and the St. Jamestown area offer a variety of boutiques and restaurants.

The main branch of the Hamilton Public Library is also part of the downtown core- visit the consumer health collection in the Business, Science and Technology area. Next to the Library is the Hamilton Farmers' Market, a local institution since the 1920's and a great place for hungry travellers to pick up fruit and snacks!

Sports and entertainment enthusiasts will also find lots to keep them busy. Hamilton Place offers major live theatre attractions, while Copps Coliseum showcases both sporting and entertainment events. Football fans can visit the Canadian Football Hall of Fame and Museum or see the Ticats play, while culture and history enthusiasts can browse through the Art Gallery of Hamilton across the street from the Sheraton, or visit Whitehern, an elegant 19th century home, just a few minutes walk away. A must for all visitors is Dundrun Castle, once the home of Sir Allan Napier McNab, Prime Minister of the United Provinces of Canada from 1854-56. The castle is restored to the mid 1850's and is open seven days a week.

Hamilton is home to two major steelmaking facilities, both of which offer plant tours by arrangement. You can also tour Hamilton Harbour and the nearby waters of Lake Ontario by boat. June is a beautiful time for a visit to the internationally known Royal Botanical Gardens- see the library, visit the shop or the Rose Garden, take a hike along the Bruce Trail or learn more about Cootes Paradise, an environmentally sensitive area of the RBG.

For those interested in exploring beyond the city, Hamilton is well situated for a variety of day trips. Niagara Falls and historic Niagara-on-the-Lake are only an hour away. The latter is filled with beautifully restored homes from the early 1800's, has a main street filled with tempting shops and is home to the Shaw Festival. Also an hour away is Kitchner Waterloo: take in the Farmer's Market very early on Saturday morning, continue on through Mennonite Country to the villages of St. Jacobs and Elora for crafts and antiques, then come back via the

covered bridge at West Montrose- a great trip at any time of year! Hamilton is also less than two hours from Buffalo (super shopping!) and the picturesque town of Stratford with its Shakespearean Festival. Toronto, of course, is just an hour east of Hamilton, with delights and attractions too numerous to list.

Make the **CHLA/ABSC** Conference part of your vacation plans this year.

NEW DIRECTIONS
HAMILTON GROUP AIMS FOR EXCELLENCE

The 1991 **CHLA/ABSC** Conference Planning Committee is well on its way to finalizing plans for an innovative, stimulating conference program plus Continuing Education courses to suit a wide variety of needs and interests. The following speakers, instructors and presentations have all been confirmed as of Oct. 15, 1990.

Dr. Geraldine Kenney-Wallace, President of McMaster University, will be the first of three keynote speakers. Dr. Kenney-Wallace is a physicist and researcher with an impressive list of publications and academic honours to her credit; as such, she is uniquely qualified to address a group of information specialists who interact so closely with the scientific community. Our two other keynote speakers will address issues of major concern to all library managers today- evaluation of services and strategic planning. **Dr. Charles McClure**, Professor at the School of Information Studies at Syracuse University and co-editor of the **"Information Management, Policies and Services Series (Ablex Publishing Corp.)** will focus on the development of effective means for evaluating library services. We've let him know that **CHLA/ABSC** members are particularly interested in workload measurement! Dr. McClure has also co-authored two recent books **Evaluating Academic Library Performance (ALA, 1990) and Evaluation and Library Decision Making (Ablex, 1990).**

The strategic planning process will become a key management task within the hospital library environment during the 90's. Keynote speaker, **Bernie Todd Smith.**, Director of the Werner Health Science Library at Rochester General Hospital, will discuss how developing a strategic plan can impact positively on library services and increase the library's profile among hospital administrators.

Librarians are always interested in ways of extending the nature, scope and quality of services offered to their users and usually look to conferences as a good source of new ideas; with this in mind, the committee has developed a variety of interesting sessions which should get your own creative juices flowing.

The Faculty of Health Sciences at McMaster University has been and continues to be at the forefront of a number of significant health information activities, all designed to complement the Faculty's teaching style based of self-directed, problem based learning. **Dr. Brian Haynes** and **Ann McKibbon** from the Health Information Research Unit will consider

the implications of these activities for faculty and student users of information services at Mac. **Dr. Sandy Mcpherson** from the Educational Centre for Aging and Health and third-year medical student (and former **CHLA/ABSC** member) **Chris Toplack** will comment on other Faculty of Health Sciences information initiatives. Join us for the "MAC" attack! The newly formed Health Sciences Information Consortium of Toronto is a bold initiative which promises to have a major impact on health libraries and the provision of health information well beyond the Toronto area. **Joan Leishman**, Director of the Consortium, will update the Conference on their first year of operation and plans for the future.

A new feature of the **CHLA/ABSC** conference is a series of half-hour vendor presentations. Come and participate in an in-depth discussion of technology and resources designed to help libraries respond quickly and effectively to user needs.

For the "techies", the "Pseudo-techies" and those who still think its all black magic- you can't afford to miss the Technology Update Panel! Get all the latest information on networking CD-ROMs, discover some inexpensive software utilities which will enhance the usefulness of your computer and learn how to ensure that a computer virus is not in your future.

Pay equity has been a hot topic of interest to association members in Ontario for the past year. **Susan Hendricks**, **CHLA/ABSC** President-elect, chaired a pay equity task force for OHLA and will present the results of a survey she conducted among Ontario hospitals.

The Continuing Education Courses offer a number of great reasons to come to Hamilton early or stay a little later! **Dr. Charles McClure**, introduced above as a keynote speaker, will give a full-day course Sunday June 16 on Evaluating Library Services. For those of you who are frustrated trying to fit collection, equipment and users into a workable configuration, don't miss **Pamela Maki-Carolli** and **Beth Cada** from the London Board of Education. Their one-day course Designing Work Space that Really Works will also be held Sunday.

Saturday will feature one full-day and two half-day courses. Getting Your Message Across; a workshop for developing effective presentation skills by **Helen-Ann Brown** of BRS Information Technologies should be a must for anyone who has to present a budget to management, give an orientation session or teach a course. **Ann McKibbon**, Research Librarian at the Health Information Research Unit, McMaster University will give a half-day course provocatively entitled Panning for Gold. Ann is a seasoned online searcher and will teach you how to apply research methodology to search for therapy, diagnosis, etiology and prognosis articles in MEDLINE. She developed this course for presentation to the North Health Sciences Librarians Annual Meeting in Oct. 1990. The other Saturday half-day course is an hands-on session entitled Managing Your Hard Disk, given by a staff member of the Computation Services Unit, McMaster University.

To send you home in a relaxed frame of mind, the C.E. Coordinator has organized a half-day course on Managing Stress by George Koblyk from the Mohawk College Stress

Management Education Centre in Hamilton. The Centre provides seminars and learning materials and does applied research in the field of stress.

Take the first step towards the 21st Century - Come in "New Directions" to CHLA/ABSC in Hamilton, June 15-20, 1991.

REMINDER:

Nominations for the CHLA

AWARD OF OUTSTANDING ACHIEVEMENT

are now being received by the Board of Directors.

"To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

1. *be currently registered as a member of the Association, OR*
2. *be currently employed as a health sciences librarian, OR*
3. *have been a health sciences librarian for part of a currently active career, OR*
4. *currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix A)

Nominations must be made IN WRITING and mailed to:

Donna Dryden, Past-President
Library and Audio Visual Services
Royal Alexandra Hospital
10240 Kingsway Avenue
Edmonton, Alberta
T5H 3V9

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A *curriculum vitae*, including publications of the candidate, should be included. **Nominations must be postmarked 1 February, 1991.**

REMINDER:

Nominations for

HONORARY LIFE MEMBERSHIP IN CHLA/ABSC

are now being received by the Board of Directors.

"To be eligible for Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the ... affairs of the Association, and fulfill the following:

1. *be at or near the close of an active career in health sciences librarianship,*
2. *hold a regular membership at the time of the nomination,*
3. *have made a significant contribution to the advancement of the purposes of the Association."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix B)

Nominations must be made IN WRITING and mailed to:

Donna Dryden, Past-President
Library and Audio Visual Services
Royal Alexandra Hospital
10240 Kingsway Avenue
Edmonton, Alberta
T5H 3V9

A *curriculum vitae* and a statement of the candidate's contributions to, and activities within, the Association must be included. **Nominations must be postmarked 1 February, 1991.**

CHLA/ABSC STUDENT PAPER PRIZE

Eligibility:

The contest is open to all students in or recently graduated from a library or information sciences program, a library techniques program, or a program in a related faculty. Registered students may be full or part-time; graduate students should have completed their studies within one year of the competition's closing date of **March 31, 1991**. Articles submitted must be written while the student is enrolled in a program of study, or within one year of graduation. A statement by a faculty member verifying that the article was written in accordance with the above requirements must accompany each paper. Multiple-author papers are eligible but in the event that such a paper is selected only one prize will be awarded, divided evenly amongst all authors. The prize winner must be willing to have the paper published in **Bibliotheca Medica Canadiana (BMC)**, the official journal of CHLA/ABSC.

Prize: $150.00 cash and free registration for CHLA/ABSC's 1991 Annual Conference to be held June 15-20 in Hamilton. The winning paper will be published in **BMC**.

Content and Format:

The paper should provide an in depth analysis of a topic in health sciences librarianship or information science that is of interest to CHLA/ABSC members. The paper should not exceed 20 double-spaced, typed pages and must be previously unpublished. All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985; 132:401-5.

All entries will be blind-reviewed. Two copies of the manuscript should be submitted each with an accompanying cover sheet containing the following information: the article's full title, the name(s) of the author(s) and brief biographical sketch(es); degree program and institution of the author(s); home address(es) and phone number(s). Entries should be mailed to: CHLA/ABSC Student Paper Prize, P.O. Box 434, Station K, Toronto, Ontario. M4P 2G9

Submissions must be postmarked no later than March 31, 1991.

Judging: A panel of judges comprised of the CHLA/ABSC CE Coordinator, the Editor of **BMC**, and one other person appointed by the President of CHLA/ABSC, will read and evaluate all entries for originality, value and relevance of the information presented, consistency and accuracy, style and readability, and suitability for publication. The decision of the judges is final. If, in the opinion of the judges no article submitted satisfies these criteria, the judges reserve the right not to select a winner. Announcement of the award will be made at the Annual General Meeting in Hamilton on June 19, 1991. The winner will be contacted prior to that date.

Le Conseil d'Administration

accepte maintenant les mises en candidature pour le

PRIX D'EXCELLENCE DE L'ABSC/CHLA

"Pour être admissible, un candidat doit avoir fourni une contribution importante au domaine de la bibliothéconomie médicale au Canada. Cette contribution doit présenter un intérêt et un caractère durables, et doit dépasser le cadre local. De plus, le candidat doit satisfaire à au moins une des exigences suivantes:

1. *être membre en règle de l'Association, ou*
2. *travailler présentement comme bibliothécaire en sciences de la santé, ou*
3. *avoir oeuvré comme bibliothécaire spécialisé en sciences de la santé pour une partie de sa carrière en cours, ou*
4. *être présentement professeur attitré en bibliothéconomie médicale, ou avoir enseigné et avoir apporté une contribution valable au développement des programmes de Sciences de la santé."*

(Extraits du **Manuel de l'Exécutif, Association des Bibliothèques de la santé du Canada**, annexe A)

Les mises en candidature doivent être soumises PAR ECRIT à:

Donna Dryden, ex-président
Bibliothèque médicale
Royal Alexandra Hospital
10240 Kingsway Avenue
Edmonton, Alberta
T5H 3V9

Les candidatures seront accompagnées d'exemples spécifiques de la contribution du candidat à la bibliothéconomie médicale au Canada. On inclura un curriculum vitae énumérant les publications du candidat. **Les mises en candidature doivent être mises à la poste au plus tard le 1er février 1991.**

Le Conseil d'Administration

accepte maintenant les mises en candidature pour le statut de

MEMBRE HONORAIRE A VIE DE L'ABSC/CHLA

"Pour être admissible au statut de membre honoraire à vie de l'ABSC/CHLA, un candidat doit avoir joué un rôle actif dans les ... affaires de l'Association et satisfaire aux exigences suivantes:

1. *avoir atteint ou être près d'atteindre la retraite au terme d'une carrière active en bibliothéconomie médicale*
2. *être membre en règle de l'Association au moment de la mise en candidature*
3. *avoir apporté une contribution valable à l'avancement des causes soutenues par l'Association"*

(Extraits du **Manuel de l'Exécutif, Association des Bibliothèques de la santé du Canada**, annexe B)

Les mises en candidature doivent être soumises PAR ECRIT à:

Donna Dryden, ex-président
Bibliothèque médicale
Royal Alexandra Hospital
10240 Kingsway Avenue
Edmonton, Alberta
T5H 3V9

Les candidatures seront accompagnées d'une liste des contributions du candidat et de ses activités au sein de l'Association. **Les mises en candidature doivent être mises à la poste au plus tard le 1er février 1991.**

PRIX DU MEILLEUR ARTICLE D'ETUDIANT

Admissibilité

Le concours est ouvert à tous les étudiants ou les diplômes récents des programmes de bibliothéconomie ou de sciences de l'information, de techniques documentaires, ou de programmes connexes. Les étudiants peuvent être inscrits à temps plein ou à temps partiel; les diplômes devraient avoir complété leurs études au plus tôt un an avant la date de clôture du concours, soit le 31 mars 1991. Les articles soumis doivent avoir été rédigés alors que le concurrent était encore aux études, ou au cours de la première année suivant la graduation.

Chaque article doit être accompagné d'une attestation d'un professeur, comme quoi il a été rédigé conformément aux directives ci-dessus. Les articles écrits en collaboration sont admissibles; cependant, si un tel article était choisi, un seul prix serait attribué et partagé également entre les coauteurs.

Le gagnant doit accepter que son article soit publié dans **Bibliotheca Medica Canadiana (BMC)**, le bulletin officiel de l'ABSC/CHLA.

Prix

Un montant de 150 $ et une inscription gratuite à la conférence annuelle 1991 de l'ABSC/CHLA, qui aura lieu du 15 au 20 juin prochain à Hamilton. L'article gagnant sera publié dans **BMC**.

Contenu et format

L'article devrait fournir une analyse en profondeur d'un sujet d'actualité en bibliothéconomie ou en sciences de l'information, susceptible d'intéresser les membres de l'ABSC/CHLA. L'article ne devrait pas dépasser 20 pages dactylographiées à double interligne, et doit être inédit. Toutes les références doivent être présentées dans le style Vancouver; voir la **Revue de l'association médicale canadienne** 1985; 132:401-5.

Toutes les participations seront jugées impartialement. L'auteur doit soumettre trois copies du manuscrit avec une page de présentation pour chacune, comprenant les informations suivantes: le titre complet de l'article; le nom de l'auteur (et des coauteurs, s'il y a lieu), ainsi que de brèves notices biographiques; le programme et l'institution auxquels l'auteur (les auteurs) se rattache(nt); les adresses et les numéros de téléphone.

On doit faire parvenir le tout à:

ABSC / CHLA
Concours du meilleur article d'étudiant
C.P. 434, Succursale K
Toronto, Ontario
M4P 2G9

Les mises en candidature doivent être mises à la poste au plus tard le 31 Mars 1991.

Jugement

Un panel composé du Coordonnateur, perfectionnment, de l'ABSC/CHLA, de l'éditeur du **BMC**, et d'une autre personne nommée par le président de l'ABSC/CHLA, lira et évaluera chaque participation quant à l'originalité, la valeur et la pertinence de l'information présentée, l'uniformité et la précision, le style et la lisibilité, et la convenance à la publication. La décision des juges sera irrévocable. Si aucun article ne satisfait à ces exigences, les juges se réservent le droit de ne pas choisir de gagnant.

L'annonce du prix sera faite à l'Assembée générale annuelle, à Hamilton, le 18 juin 1991. On communiquera avec le gagnant avant cette date.

CHLA/ABSC BOARD OF DIRECTORS

CATHERINE QUINLAN
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FAX: (403) 486-8774
ENVOY: MISERICORDIA.HOSP

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FAX: (306) 359-4723

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ENVOY: ILL.TBCC

FAX: (403) 283-1651

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Dee Sprung
Freeport Hospital, Kitchener
Tel: (519) 893-2710 x7174
FAX: (519) 893-2625

Windsor Area Health Libraries Assoc.
Anna Henshaw
Salvation Army Grace Hospital, Windsor
Tel: (519) 255-2245
FAX: (519) 255-2458

CHLA/ABSC MEMBERSHIP FORM

NEW MEMBER _____ RENEWAL _____

MEMBERSHIP CATEGORIES (please check one):

Regular:	$45.00	_____	Student:	$25.00	_____
Institutional:	$65.00	_____	Sustaining:	$2500.00	_____
Emeritus:	$25.00	_____	BMC Subscription Only:	$55.00	_____

Please fill in the following information as it is to appear in the Directory:

Name: _____
last first

Library: _____

Institution: _____

Address: _____
number street unit #

_____
city province postal code

Mailing address (if different from above):

_____

_____

Business telephone: (___) _____
area code number extension

ENVOY code: _____ FAX number: _____

Fees paid by: a) employer _____ b) self _____

Employer: Hospital ____ Academic ____ Gov't ____ Corporate ____

Other (please specify): _____

PREPAYMENT IS REQUIRED. PLEASE PAY IN CANADIAN FUNDS.
MEMBERSHIP YEAR EXTENDS FROM JUNE 1ST TO MAY 31ST.
Cheques payable to: CANADIAN HEALTH LIBRARIES ASSOCIATION.
Return to: CHLA/ABSC, P.O. Box 434, Station K, Toronto, Ontario. M4P 2G9

ABSC/CHLA FORMULAIRE D'ADHESION

NOUVEAU MEMBRE ____ REABONNEMENT ____

CATEGORIES D'ADHESION (prière de cocher):

Membre régulier:	$45.00	____	Membre étudiant:	$25.00	____
Membre institutionnel:	$65.00	____	Patron:	$2500.00	____
Membre émérite:	$25.00	____	Abonnement BMC seulement:	$55.00	____

Prière de donner les renseignements suivants tels qu'ils doivent apparaître dans l'annuaire:

Nom et prénom: _____

Bibliothèque: _____

Institution: _____

Adresse: _____
numéro rue bloc/appartement

_____
ville province code postale

Adresse pour la correspondance (si elle diffère de la précédente):

_____

_____

Téléphone de bureau: (___) _____
code régional numéro poste

ENVOY: _____ Numéro FAX: _____

Inscription payée par: a)employeur _____ b)vous-même _____
Employeur:Hôpital ____ Académie ____ Gouvernement ____ Corporate ____
Autre (prière de spécifier): _____

PAIMENT D'AVANCE REQUIS.
ADHESION D'UN AN A COMPTER DU PREMIER JUIN JUSQU'AU TRENTE-UN MAI.
Libeller le chèque à l'ordre de: L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CAN
Renvoyer à: ABSC/CHLA, B.P. 434, Succursale K, Toronto, Ontario. M4P 2G9